

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 54741
34741

FILED OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467 Registrar's No. 948

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Robberson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) none		d. STREET ADDRESS (If rural, give location) 1216 W. Walnut Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hiway 13 Noble Hill			

3. NAME OF DECEASED (Type or Print) a. (First) ROMAINE		b. (Middle) CRATON		c. (Last) GOSS		4. DATE OF DEATH (Month) (Day) (Year) October 20, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 20 Aug. 1915		9. AGE (In years last birthday) 37 If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Long Dist. Hauling		11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME R. Alfred Goss		13b. MOTHER'S MAIDEN NAME Abbie Silvey		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. 2		16. SOCIAL SECURITY NO. 494-03-9781		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.A. Goss, 1216 W. Walnut Street, Springfield, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, concussion and		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) crushed chest		sudden.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident. Highway 13.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 13.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-2-52 6:15 P.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck tipped over.	

22. I hereby certify that I attended the deceased from _____ to _____ and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name and title) Dr. E. Allen Pickens, Coroner		23b. ADDRESS 407 Medical Arts Bg.		23c. DATE SIGNED 10-23-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 24 Oct. 1952		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
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DATE REC'D BY LOCAL REG. 10/23/52		REGISTRAR'S SIGNATURE Edna Williamson		Deputy Registrar Paul C. Phineas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 29 1952
JAN 6 1953

DEC 29 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph H. Thimer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.